PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

5000-1-491

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
Γ _{Τ(}	OTAL CLAIMS		(COIGITII)	<u>. 1)</u>	(COIG	nin zj	۱,		— <u>——</u>	OR I			
┡			11		 			RATE	FEE	4 !	RATE	FEE	
FC	OR 		NUMBER	FILED .	NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	OTAL CHARGEA	ABLE CLAIMS	j / mir	// minus 20=		0		X\$ 9=		OR	X\$18=	0	
<u> </u>	DEPENDENT CL	<u>· </u>	1_2	···· / · · · · · · · · · · · · · · · ·		2		X43=		OR	X86=	0	
ML	ILTIPLE DEPEN	NDENT CLAIM PR	RESENT	RESENT				+145=		OR	+290=	O	
* If	the difference	in column 1 is	less than ze	less than zero, enter "0" in o				TOTAL		OR	TOTAL	7.70	
	C	LAIMS AS A	MENDEC) - PAR	TII			•	· · ·		OTHER		
_		(Column 1)		(Column		(Column 3)	. ,	SMALL		OR	SMALLE		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	<u> </u>	
AME	Independent	*	Minus	***		=		X43=		ÒR	X86=		
	FIRST PRESE	ENTATION OF ML	JLTIPLE DEF	PENDENT	CLAIM			+145=	·	OR	+290=	, ,	
								TOTAL ADDIT. FEE		ĺ~ ľ	TOTAL		
		(Caluma 4) (Caluma 2)								JO ,	ADDIT. FEE L	<u>· </u>	
		(Column 1) CLAIMS		(Colum	EST	(Column 3)	l r		ADDI-	į		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE.	TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	<u> </u>	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENI	CLAIM			4 AE _			+290=		
•	•						L	+145=		OR			
								TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1)	 ,	(Colum		(Column 3)	· ,		<u>.</u>	_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	11	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-			ı			
• 1	f the entry in colur	mn 1 is less than th	o entry in colu	ma 2 write	"O" in col	·mn 3	L	+145=	(OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													